

STANDARD CERTIFICATE OF DEATH

State File No. **23282**

BIRTH NO. _____ REG. DIST. NO. **333** PRIMARY REG. DIST. NO. **3074** Registrar's No. **121**

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, write RURAL and give township) Sikeston,		c. CITY (If outside corporate limits, write RURAL and give township) Sikeston Raney 1073	
c. LENGTH OF STAY (in this place) 8 yr.		d. STREET ADDRESS (If rural, give location) 237 N. panney	
d. FULL NAME OF HOSPITAL OR INSTITUTION 227 N. Raney			

3. NAME OF DECEASED (Type or Print) Ethel	a. (First)	b. (Middle)	c. (Last) Bufford	4. DATE OF DEATH June 9 1952	(Month) (Day) (Year)
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5. SEX Female	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 18, 1915	9. AGE (In years last birthday) 37	IF UNDER 1 YEAR Months 2 Days 24	IF UNDER 4 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) XXXXXXX	10b. KIND OF BUSINESS OR INDUSTRY House, wife	11. BIRTHPLACE (State or foreign country) Oxford, Mississippi	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Josie Worthen	14. NAME OF HUSBAND OR WIFE Henry Henderson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) XXXXX	16. SOCIAL SECURITY NO. XXXXXXX	17. INFORMANT'S SIGNATURE OR NAME Henry Henderson Sikeston, Mo.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tertiary Syphilitic Lobar Pneumonia		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic or Tertiary syphilis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 027X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **5-23**, 19**51**, to **6-5**, 19**52**, that I last saw the deceased alive on **6-5**, 19**52**, and that death occurred at **5:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Alden Hargent MD	(Degree or title)	23b. ADDRESS Sikeston, Mo.	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-15-52	24c. NAME OF CEMETERY OR CREMATORY Smith West End Court	24d. LOCATION (City, town, or county) (State) West of Sikeston, Mo.
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DATE REC'D BY LOCAL REG. 6-14-52	REGISTRAR'S SIGNATURE Mrs. Olla Hunter	25. FUNERAL DIRECTOR'S SIGNATURE Hugh Smith	ADDRESS 1212 main st.
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

203
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JUN 27 1952

RECEIVED JUN 23 1952
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 652-185

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Fred J. Smith* _____

Licensed Embalmer No. *4408* _____

P. O. Address *Likeston, Mo.* _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.